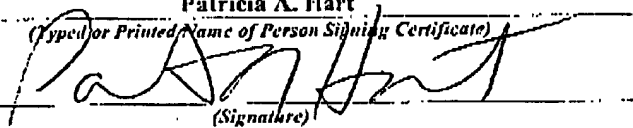


3765


MAY-24-2004 MON 03:43 PM CANTOR COLBURN LLP

FAX NO. 8602860115

P. 01

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. WAL-0006
Applicant(s): Jan Folkesson			
Serial No. 10/018,284	Filing Date 11/08/2001	Examiner Gary L. Welch	Group Art Unit 3765
Invention: SAFETY VISOR			RECEIVED CENTRAL FAX CENTER MAY 24 2004
OFFICIAL			
I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Amendment (8 pgs)</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)			
on <u>May 24, 2004</u> (Date)			
<div style="text-align: center;">Patricia A. Hart (Typed or Printed Name of Person Signing Certificate)  (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

P18/REV01

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. WAL-0006	
Applicant(s): Jan Polkesson					
Serial No. 10/018,284	Filing Date 11/08/2001	Examiner Gary L. Welch		Group Art Unit 3765	
Invention: SAFETY VISOR					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	6 -	3 =	3 x	\$86.00	\$258.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$258.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$258.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: May 24, 2004		
Lisa A. Bongiovi Registration No.: 48,933 Customer No.: 23413			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					